

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 28 / 2014</div>	

Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 27 / 2014</div>		
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1000.00</div>		
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.98735 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 27 / 2014</div>		
Purpose of Expenditure GRASS ROOTS SUPPORT eMAILS		Category/ Type 004			
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100542.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee EXPERT TELE-SERVICES INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 11 / 01 / 2014</div>		
Mailing Address 15200 LEICESTERSHIRE STREET #230			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22000.00</div>		
City WOODBIDGE	State VA	Zip Code 22191	Transaction ID : SE.98738 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 27 / 2014</div>		
Purpose of Expenditure GOTV CALLS FOR JONI ERNST (11/01 - 11/04/2014)		Category/ Type 004			
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">122542.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 02 / 2014

Signature